## <u>Medical Information Release Form</u> (HIPAA Release Form)

Name:			Date of	Birth://
	E	Release o	f Information	
			n including the diagr formation. This infor	nosis, records; mation may be released
[]S	pouse			
[]C	child(ren)			
[]C	other			
[] Info	rmation is not to be	e released to	anyone.	
This <b>Relea</b>	se of Information	will remain in	n effect until termina	ted by me in writing.
		<u>Mes</u>	<u>ssages</u>	
Please cal	[] my home	[] my work	[] my cell Number	<u>-</u>
If unable to	reach me:			
[] y	ou may leave a de	tailed messaç	ge	
[]p	lease leave a mess	sage asking r	ne to return your cal	I
[]_				
The best ti	me to reach me is	(day)	be	etween (time)
Signed:			Date:	
Witness.			Date:	1 1